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City of Grapevine Alarm Permit

OFFICE USE ONLY

Type of System: Alarm Enhanced	Type of Alarm: Silent Audible Direct Line	Type of Permit: Commercial Residential	
Name of Person or Business (In which the Permit will be held)		Telephone Number	
Street Address (At Alarm Site)		Bldg.# Apt.#	
Mailing Address (If Different)	City, State,	Zip Code	
Social Security Number	Driving License Nur	nber State	
company owner, manager, min	enance and operation of the system ister, security director)	– for businesses only (e.g.,	
Name			
Street Address	City, State,	Zip Code	
Telephone Number	Drivers License Nun	nber State	
Alarm Company:			
Name			
Street Address	City, State,	Zip Code	
Telephone Number	State Licens	se Number	

Persons to call in case of activation or emergency:

Name	Telephone #
(1)	
(2)	
(3)	
Purpose: Burglar Fire Robbery Medical	Panic Other
System Operation: Motion Contacts Other _	
Method of Notification: Owner Alarm Co Ne	ighbor Other
Is the rear of property accessible? (e.g., fence, locks)	Yes No
List any animal(s) and the area (s) they have access to:	
Type/Breed	Location
(1)	
(2)	
I have read the completed application and the information glest of my knowledge. I hereby agree that if a permit is iss Ordinance #95-77, and state laws will be complied with. I payment of all fees or charges and any criminal or civil action operation of this alarm system.	sued, all provisions of City accept responsibility for
Applicant's or Agent's signature	Date

Please return the completed form to the Police Department, Records Section, 307 W. Dallas Rd, Grapevine, TX 76051. Be sure to include a check or money order made payable to the Grapevine Police Department. If you have questions or need additional information please call 817-410-3218.